

2025 NE Kresky Ave, Chehalis, WA 98532 Phone: (360) 740-1146 • Fax: (360) 740-1245

ADMINISTRATIVE APPROVAL TYPE II APPLICATION

Type II applications require a mailed notice to properties within 500 feet of the property and notice posted on the road frontage of the project description. The administrator is the decision making body for the Type II application.

The following are required to be submitted with this Type II application to begin the review process:

STAFF	APPLICANT			
		Completed site plan (with all the requirements on the Lewis County Community Development 'Site Plan Requirements' Handout)		
		Completed 'General Information' application		
		Completed permit application for the associated permit		
		All additional requirements listed on application		
		Completed 'Permission to Enter' form		
		Signed Adequate Facilities forms provided (required for all projects other than development of a single-family residence or large lot simple segregation where new development is not approved) Not applicable; Explain:		
		SEPA Not applicable; Exemption:		
		Application Fee		
Any appeals will be heard by the Lewis County Hearing Examiner per the Lewis County Code Chapter 17.05.				
For Official Use Only:				
Date of Com	npleted Application:	Application Number:		
Associated F	Permits:	Permit Technician:		

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SITE PLAN REQUIREMENTS

The application should NOT be submitted unless all points below are addressed. The checklist must be submitted with the application. Submit multiple maps if necessary. Additional information may be requested.

STAFF A	PPLIC	CANT
		North arrow, scale, vicinity map, and date.
		Site address and parcel numbers for all affected parcels
		Property line boundaries, dimensions, and size of the subject parcel(s)
		Location of all existing and proposed structures including, but not limited to: houses, sheds, barns, fences, culverts, bridges, storage tanks, retaining walls, decks, and porches
		Square footage of all existing and proposed structures, parking, and outside storage areas
		Setbacks from property lines for all existing and proposed structures
		Utility structures or lines such as septic tanks, sewer lines, drainfields, reserve areas, wells, water lines, power lines, utility easements, etc.
		Location of any known and proposed stormwater facilities
		Areas to be cleared, graded, excavated, or otherwise disturbed
		Location, depth, and extent of all clearing, grading and filling, including written estimates with both cut and fill quantities in cubic yards
		Location and identification of any surface waters, ditches, or known wetlands.
		Location and identification of topography (ex: top/toe of slope, direction of natural drainage, significant terrain features).
		Location of all proposed or existing easements, driveways, access etc.
		Location and name of all roads surrounding the property
		Any additional information which the applicant feels will assist in evaluating the proposal (ex: maps, drawings, photos)
		For all projects other than a single family dwelling, a description of the proposed use is required. Examples include, but are not limited to: personal storage, commercial uses, agricultural uses, garage, etc.

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GENERAL INFORMATION

Applicant Contact Information:

Name: Mailing Address: Phone Number: _____ E-mail: ____ **Property Information:** Tax Parcel Number (s): Zoning: _____ Acreage: ____ Site Address: _____ Owner's Address: _____ Owner's Phone Number: _____ Owner's Email: _____ _____ Quarter Section, Section _____, Township _____ North, Range _____ East/West (Circle One) Surveyor/Engineer or Other Contractor Information (Attach additional sheets if necessary): Mailing Address: _____ Phone Number: _____ E-mail: _____ **Signatures** Please check the box: □ I/We certify that I/We have read and understand the limitations and conditions of Lewis County Code and agree to comply with all conditions of approval. By my signature below, I affirm that all the information and documents provided with this application are true and accurate to the best of my knowledge. Date:

Check one: ☐ Owner ☐ Applicant ☐ Authorized Agent

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ADMINISTRATIVE APPROVAL

Fees: The minimum fee due at the time of submittal is \$280. Additional fees may apply.

Additional Information:

Staff	Applicant							
		will be	Detailed summary identifying all uses proposed for the site, including direct and accessory uses. Approva will be limited to only those uses shown on the application or maps. All other uses that are not shown wil be prohibited.					
		Soils re	eport, as requi	red by the Lewis Co	unty Sanitary (Code, LCC 8.40	O and 8.41, if new	or altered onsite
		sewage	e systems are p	proposed.				
		Any ad	ditional mater	ials required by an a	dministrator f	or the specific	project.	
		If the proposed project is an animal kennel, shelter, boarding, grooming, or hospital that requires the Lewis County Dog Kennel Operating Permit from Public Health and Social Services, a copy of the Lewis County Dog Kennel Operating Permit is required to be attached.						
Pro	ject Nan	ne:				Perm	nit Number:	
Brie	f Descripti	on of p	roposal:					
Wa	ter Supp	ly:						
Exis	ting Sourc	e:	☐ Private W	/ell □ Shared W	'ell □ Puk	olic Water	☐ Group B	☐ Group A
			□ Other;	If other, please	explain:			
Proj	posed Sou	rce:	☐ Private W	/ell □ Shared W	'ell □ Pul	olic Water	☐ Group B	□ Group A
			□ Other;	If other, please	explain:			
Sev	vage Dis _l	oosal						
Exis	ting Meth	od:	□ Septic	☐ Public Sewer	□ Other;	If other, plea	ase explain:	
Proposed Method:		hod:	□ Septic	□ Public Sewer	□ Other;	If other, plea	ase explain:	
			and Traffic					
		ne:	☐ Private R	oad 🗆 Coun	ty Road	☐ State Hig	hway	
			□ Other: If	other, please expla	ain:			
Nivo	nhar of no	rkina a		le:				
INUI	nnei Oi Da	ו אוווציו	えいにろ すりすけずい	IC.	NUMBER OF	いみしんけいそ ろいみしん	-5 DEODOSEU.	

How many vehicle trips will be employees, customers, delive and ends at the destination p	ry trucks, etc. "Trip" means	a one-direction movement t	hat begins at the origin
How will these trips be distrib	,		
Site Characteristics What type of commercial active	vity is proposed:		
Hours of operation:			
On average, how many custor			
Will there be public assembly If yes, what type of pu	(church, event center, sport	• •	□ No
, , ,	ssembly be within an enclos	J	□ No
If the assembly is wing proposed public assent protal number of employees:	nbly?	what is the occupancy load	
	Fadadia	B	Tabal
Number of Buildings	Existing	Proposed	Total
Gross Floor Area of all Buildings, all Floors	Sq. ft.	Sq. ft.	Sq. ft.
Total Impervious Area	Sq. ft.	Sq. ft.	Sq. ft.
Please give a description of the dwelling space, storage, etc.):	• • • • • • • • • • • • • • • • • • • •		<u> </u>
How do you propose to make area?			
What provisions have been mby the development?	ade to safeguard the adjoin	· · · · · · · · · · · · · · · · · · ·	etrimental effects caused

PERMISSION TO ENTER

Date		
Lewis County Community Development De Lewis County Health & Social Services (En Lewis County Public Works Department 2025 NE Kresky Avenue Chehalis, WA 98532		
permit processing, review and inspections.	e owner permission for County personnel to enter private part also understand that my failure to grant permission to enter and date of inspection entries, may result in denial or withdrawn	r, or an inability to
Applications have been submitted for the fo	llowing services:	
1); 2); (Enter Type of Permit – i.e., building, septic, etc.	; 3);	.;
	sing, review and inspection by employees of the Commu Services or Public Works for the property at:	nity Development
	: and	:
(site address/location)	; and	
Departments, and Public Works to enter an permits and performing required inspections	ranted for representative(s) of the Community Development remain on and about the property for the sole purpose of and/or reviews. am either the current legal owner of this property or	of processing such
representative. With this document I take	e full responsibility for the lawful action that this documer	nt allows.
Prior notification of the date of inspection(s) will take place is:	
[] Not required [] Required: - () (Must provide phone number where applicant/representative can be reached)	,
Niema a Rudad au Anadradan	C!	_
Name as listed on Application (Please Print)	Signature	
	Mailing Address of Signatory (Street / P.O. Box)	_
Name of individual signing this document (Property Owner or Authorized Agent) (Please Print)	City, State, Zip	_

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ADEQUATE FACILITIES-FIRE

Date:	te:	
Fire Di	e District:	
Dear F	ar Fire Commissioners or Fire Chief,	
We are	e are requesting a land use permit for	
which capaci	cated at ich lies within your district. Please respond below to indicate whether or not your pacity to serve the proposal or will have the capacity to serve the proposal yelopment.	
	cerely,	
(Applio	pplicant)	
Adequ two st persor existin and pe local fi	e Commissioners or Fire Chief: equate facilities mean: For residential or commercial buildings with a height of 35 or stories or less, and 50,000 square feet or less, the local fire district has the resonnel to serve the new facility without a change in the current level of service for sting in the district. For industrial or commercial over 35 feet in height, the district has dispersonnel to serve the new facility consistent with the adopted standards of the district codes. Fire Districts can provide or secure adequate emergency services to exproposed project.	equipment and similar facilities the equipment istrict, including
	Yes, we have the capacity to serve the proposed development, or will have the time it is developed.	capacity at the
	No, we do not have the capacity to serve the proposed development	
Please	ase print name: Phone number:	
Signat	nature: Date:	

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ADEQUATE FACILITIES-LAW ENFORCEMENT

Date	te:		
Law	w Enforcement Agency:		
Dear	ar Sheriff or Police Chief,		
We a	e are requesting a land use permit for		
which capa	cated at	-	
Since	ncerely,		
(Appl	oplicant)		
Adeq	eriff or Police Chief: equate facilities mean: The Law Enforcement Agency e location of the proposed development.	/ can provide adequate emerg	ency services to
	Yes, we have the capacity to serve the proposed time it is developed.	development, or will have the	e capacity at the
	No, we do not have the capacity to serve the proposed development.		
Pleas	ease print name:	Phone number:	
Signa	ınature:	Date:	

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ADEQUATE FACILITIES-REFUSE DISPOSAL

Date	e:	
Dispo	oosal Company:	
To w	whom may concern,	
We a	are requesting a land use permit for	
	ated at	
capa	ch lies within your district. Please respond below to indicate whether or not your district has acity to serve the proposal or will have the capacity to serve the proposal at the timelopment.	
Since	cerely,	
(App	plicant)	
Adeq of th adop	posal Company: quate facilities means: facilities are available where the project does not adversely affect the a he local and/or regional solid waste authorities from accomplishing the goals and objectives o pted county solid waste comprehensive plan. Adequacy includes pick up, transport, disposa sfer of solid waste.	f the
	Yes, we have the capacity to serve the proposed development, or will have the capacity a time it is developed.	t the
	No, we do not have the capacity to serve the proposed development.	
Pleas	ase print name: Phone number:	
Signa	nature: Date:	

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ADEQUATE FACILITIES-SCHOOLS

Date	re:	
Scho	nool District:	
To w	whom may concern,	
We a	are requesting a land use permit for	
whic	·	v to indicate whether or not your district has the
capa	pacity to serve the proposal or will have the capac	ity at the time of development.
Since	cerely,	
(App	pplicant)	
Adec popu fede	oulation anticipated from the new development eral funds expected as a result of growth or changes, the traffic or other impact to the school does	school can reasonably accommodate the schoo within existing facilities, together with state or ges within the district. For commercial or industria not interfere with reasonable school operations or
		sed development, or will have the capacity at the oject does not interfere with reasonable schoo
	No, we do not have the capacity to serve the reasonable school operations and/or safety.	proposed development or it interferes with
Pleas	ase print name:	Phone number:
Signa	nature:	Date: